

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

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MORTALITY ALERT!

COULD THIS HAPPEN TO YOU?

A special “THANKS” to Dr. Susan Halter for the submission of this enlightening article.

When someone vomits, do you immediately think that this person has the flu? Maybe has food poisoning? On the other hand, could it be something more serious that will require surgery? Worse yet, could it be something that would cause death? In some situations, other signs can help to tell the difference between these diseases and possibly save a life. What signs could have helped to identify the underlying cause in the following story?

An individual with a history of seizure disorder and paraplegia developed problems with swallowing and heartburn. Because of the heartburn, they had reflux of the gastric juices into the lung. Despite medical help, the nutritional status declined and they lost over ten percent of their body weight in a two-year period. A gastric tube was placed to help improve nutrition. The first tube failed after several months and a second stomach tube was inserted. Nutrition improved and they gained weight. About 3 years later, the individual was found to be vomiting undigested food. This continued for several days. Their abdomen was noted to be distended and they were admitted to the hospital. An operation disclosed scar tissue in the abdomen that was twisting the small bowel and causing an obstruction. This individual developed numerous complications and died.

When someone has an operation, the body often develops scar tissue in the healing process. When the operation involves the abdomen, the scar tissue is called adhesions. These bands of fibers can surround, obstruct and cause twisting of the intestine. When loops of bowel, either the small or the large intestine, or the stomach twist around themselves and cause obstruction, the condition is called **volvulus**. Although this condition is not very common in this country, it is important to recognize the symptoms early. Early treatment is important but still carries a high mortality rate. This is because the twisting of the bowel loops cuts off the blood supply and can lead to necrosis or death of the bowel lining. When this occurs, the bowel can break open and spill toxic materials into the abdominal cavity. Usually an operation must be performed to prevent necrosis of the bowel. Although pain is the predominant symptom, individuals with disabilities who have limited communication or mobility may

have trouble expressing the level of their pain. In rare instances, some individuals have no pain. Other signs include vomiting of undigested food and abdominal distention. In this individual, someone was observant, noticed the undigested food in the vomit, and saw abdominal swelling. These observations helped to make the diagnosis. Careful observation in a person with a previous abdominal operation, therefore, can help to distinguish between the flu and a more serious disease.

Ibuprofen May Block Aspirin Benefits

As reported in the New England Journal of Medicine Dec. 2001. The popular pain reliever ibuprofen blocks the heart-protecting effects of aspirin, according to a study that sounds a warning for people who take both medications. If an individual is taking aspirin for the purpose of thinning the blood, talk to the physician concerning use of ibuprofen. Many heart patients regularly take aspirin because it thins the blood and prevents the clots that cause heart attacks. Ibuprofen is widely used for arthritis and other aches and pains. Researchers believe that ibuprofen clogs a channel inside a clotting enzyme and the aspirin cannot reach its own active site inside the enzyme. When a person took a single dose of ibuprofen beforehand, aspirin lost 98 percent of its blood-thinning power. When aspirin was taken first, three daily doses of ibuprofen took away 90 percent of aspirin's benefit.

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First Aid Kit Contents

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Basic Supplies

- ✓ Gauze Pads and Roller Gauze (assorted sizes)
- ✓ Triangular Bandage
- ✓ Band-Aids (assorted sizes)
- ✓ Non- allergic Tape
- ✓ Plastic Bags (for waste), preferably a red biohazards bag
- ✓ Disposable Gloves
- ✓ Hand Cleaner (could be soap and water, Antiseptic/ Pads/Wipes, etc.)
- ✓ Small Flashlight and Extra Batteries
- ✓ Disposable Scissors and Tweezers (community scissors are strongly discouraged because of the possibility of cross-contamination or spread of germs)
- ✓ Liquid Anti-Bacterial Soap and Water (access to water, not necessarily in the kit) for cleansing minor wounds, as described in the American Red Cross, Community First Aid and Safety Training Manual. Wounds requiring more attention should be referred to a trained Health Care Provider, e.g., licensed nurse, nurse practitioner, physician, etc. for assessment/treatment.
- ✓ Secure Container for first aid supplies

Optional Supplies

- Ice Bag or Cold Pack (Caution must be used if commercially disposable cold packs are used. They contain hazardous/toxic material if ingested.)
- Eye Wash Solution (Individual size, once solution opened and used for an individual it must be disposed of to prevent cross-contamination or spread of germs.)
- Blanket
- Syrup of Ipecac (**Must be secured. Must call local Poison Control for instructions to use.**)
- Activated Charcoal (**Must be secured. Must call local Poison Control for instructions to use.**)

Note:

First Aid Kits may be designed for different locations/activities, make sure it has the items needed for the setting in which it will be used.

It is advisable that the kit contains emergency numbers as well as the local Poison Control number.

Check the kits regularly. Make sure the flashlight batteries work. Check the expiration dates and replace any out-of-date contents.

Biohazards waste must be disposed of according to local waste regulations.

Adapted from: American Red Cross, Community First Aid and Safety, Training Manual.

MORTALITY ALERT!

Prevention

Could this happen to you?

Have you ever thought that training is such a hassle? I know this stuff! Why do we always have to practice? Then suddenly it happens, you are in an emergency situation. The death of one individual may have occurred simply due to lack of adequate review or knowledge of agency policy. Individual specific training may save a person's life. Do not take training lightly.

Do you know agency policy? Take the quiz below. Choose the best answer. Does your agency have a policy to address these simple emergencies?

A direct care staff started on the job yesterday. You meet them for the first time, as you are leaving, during the shift change. The new staff will be supervising an individual who requires individual specific training to complete the assigned task. The new staff asks you for help with this individual just as you are leaving. How is this to be handled?

- (a) Tell the staff person they can read about the individual specific training when there is time later during the shift.
- (b) Look at the staff person in disbelief and question "don't you know how to do this".
- (c) Call the supervisor and let them know that the new staff has not been trained.
- (d) Go home at your assigned time and don't worry about it.

An individual has a staff ratio of 2:1 during the shift. One staff member has left during the middle of the shift due to illness. How is this to be handled?

- (a) Continue the shift as usual, it will be "ok".
- (b) Call the supervisor and inform them of the staff shortage immediately.
- (c) Send the individual to bed early.
- (d) Rely on the neighbors to assist if there is a problem.

One staff and an individual are on an outing, and decide to do some hiking along an isolated lake area. Both of you have hiked about half a mile up the trail. Suddenly it begins to rain. Thunder begins and the individual runs screaming down the trail toward the car. The individual falls and is unable to get up, there is blood everywhere. How is this to be handled?

- (a) Stand over the individual with an umbrella and scream until someone comes to your rescue.
- (b) Pull and tug at the individual until they are in the car, then drive home.
- (c) Avoid the area as blood makes you ill and you don't want to collapse on top of the individual, so you stay as far away as possible while encouraging the individual to "get up and come on".

- (d) Contact the supervisor or local EMS using the communication device (e.g. cell phone) assigned to be taken on outings to report such emergencies.

An individual is eating at the table and begins to choke. Soon they are unable to cough, their lips are turning blue, and they are not breathing. What should be done?

- (a) Take them out of the chair and place them on a firm surface and perform CPR for the choking victim.
- (b) Take them out of the chair and lay them on the bed and perform CPR for the choking victim.
- (c) Run outside and get help from a neighbor.
- (d) Keep them in the chair, up to the table, and tilt their head back.

Best Answers: C-B-D-A

Emergency Drills

Practicing how to respond in an emergency is important. Have a plan.

- ✓ **Accidental Poisoning.** ☠
- ✓ **CPR drills.** 🚑
- ✓ **Evacuation of an area for any reason.** 💣
- ✓ **Fire drill.** ☹
- ✓ **Tornado drills.** 🌀

Most important, practice the plan. Practice those things that can be done safely and without injury. The more prepared you are, the less likely it will ever happen.

MORTALITY ALERT!

STROKE: A MEDICAL EMERGENCY COULD THIS HAPPEN TO YOU?

If you notice one or more of the warning signs for stroke, do not wait. **Stroke is a medical emergency.** Call **9-1-1** or your emergency medical services. Get to the hospital right away. Do not delay!

A stroke is a sudden partial loss of brain function usually caused by a clot that stops the flow of blood to an area of the brain. Without oxygen and important nutrients, the affected brain cells are either damaged or die within a few minutes. The death of brain cells is permanent.

The American Stroke Association wants everyone to learn the warning signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause
- Sudden difficulty swallowing

Take action:

- Not all the warning signs occur in every stroke. Do not ignore signs of stroke, even if they go away!
- Check the time. When did the first warning sign or symptom start? You will be asked this important question later.
- If there are one or more stroke symptoms that last more than a few minutes, do not delay! Immediately call **9-1-1** or the emergency medical service (EMS) number so an ambulance can quickly be sent.
- If you are with someone who may be having stroke symptoms, immediately call **9-1-1** or the EMS. Expect the person to protest-denial is common. Do not take “no” for an answer. Insist on taking prompt action.

Every minute counts. The longer a stroke goes untreated the greater the damage. The success of most stroke treatments depends on how soon a person is seen by a healthcare professional after symptoms begin. One treatment for stroke involves a clot-dissolving drug. For maximum benefit, the therapy must be started within **three hours of the onset** of stroke symptoms. That is why it is so critical that medical professionals and the public recognize stroke as a medical emergency and respond immediately.

The risk factors or conditions that may lead to stroke include high blood pressure, smoking, heart disease, and diabetes. The risk of stroke increases with age and is higher in African Americans and Hispanics than in whites. Taking the following steps may reduce the risk of stroke:

- Control blood pressure- treating high blood pressure reduces the risk for both stroke and heart disease.
- Stop smoking-smoking is linked to increased risk for stroke.
- Exercise regularly-exercise may make the heart stronger and improve circulation.
- Control weight-being overweight increases the chance of high blood pressure, heart disease, atherosclerosis, and type II diabetes.
- Eat a healthy diet-eat foods low in fats, saturated fatty acids, and cholesterol.
- Control diabetes-if untreated, diabetes can damage the blood vessels throughout the body and lead to atherosclerosis.
- Promptly report warning signs or symptoms-the longer a stroke goes untreated the greater the damage.

**For stroke information, call the
American Stroke Association at
1-888-4-STROKE. (1-888-478-7653)**



Tornadoes



The National Weather Service reports that in an average year, 800 tornadoes are reported nationwide, resulting in 80 deaths and more than 1,500 injuries. Tornadoes are nature's most violent- and erratic- storms with winds of 200-300 miles per hour to be expected with the most violent tornadoes. Tornadoes generally travel from the southwest to northeast. The cloud associated with a tornado is a dark, thunderstorm cloud from which a whirling, funnel-shaped pendent extends to or near the ground. Rain usually precedes the tornado, frequently with hail and as a heavy downpour.

Tornadoes can occur any time of year. In the southern states, peak tornado time is from March through May, while peak months in the northern states are during the summer. Here are some things to do before a storm:

- Be prepared to take shelter immediately if conditions worsen.
- Stay away from windows
- Develop a plan for you and your family for home, work, school and when outdoors.
- Have frequent drills.
- Know the county in which you reside and keep a highway map nearby to follow storm movements from weather bulletins.
- Listen to the radio and TV for information.

Ideas for future issues are greatly appreciated.

Please feel free to submit any news articles or request any information on issues that will promote a better understanding of the MR/DD population. Contact Ruth Givens at 615-532-6547 or by E-mail at Ruth.Givens@state.tn.us

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The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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